

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOSE SMITH

(2) N/A

Candidate, Committee or Party Name

I.D. Number

(3) 887 NORTH SHORE DRIVE

MIAMI BEACH

FL

33141

Address (number and street)

City

State

Zip Code

☐

Check box if address has changed since last report

(4) Check appropriate box (es):

☒

Candidate (office sought):

MIAMI BEACH CITY COMMISSION (GROUP I)

☐

Political Committee

☐

Check if PC has DISBANDED

☐

Committee of Continuous Existence

☐

Check if CCE has DISBANDED

☐

Party Executive Committee

(5) REPORT IDENTIFIERS

Cover Period: From 02/ 07/01 To 03/ 31/ 01 Report Type Q1

☐

Original

☒

Amendment

☐

Special Election Report

☐

Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 32,320.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 32,320.00

In-Kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2,051.63

Transfers to Office Account \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions to Date  
\$32,320.00

(10) TOTAL Monetary Expenditures to Date  
\$ 2,051.63

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss.839.13, F.S.)

I certify that I have examined this report and it is true, correct and complete

JOSE SMITH

Name of ☒ Treasurer ☐ Deputy Treasurer

I certify that I have examined this report and it is true, correct and complete

JOSE SMITH

Name of ☒ Candidate ☐ Chairman (PC/PTY Only)

### CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOSE SMITH

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/07/01 through 03/31/01

(4) Page 9 of 9

(5) Date	(7) Full Name (Last, First, Suffix, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
02/09/01	Mr. Jose Smith 2450 N.E. Miami Gardens Drive Miami, FL 33180	I	Contribution By Candidate	CAS	ADD	\$120.00
87						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOSE SMITH

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 02/07/01 through 03/31/01

(4) Page 2 of 2

(5) Date (6) Sequence Number	(7) Full Name (Last, First, Suffix, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
02/28/01  10	Union Planters Bank P.O. Box 522800 Miami, FL 33152	Bank Service Charge	MON	ADD	\$15.08
02/02/01  1211	Union Planters Bank P.O. Box 522800 Miami, FL 33152	Ordered Checks Check Book	MON	ADD	\$59.01